

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019795

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS	
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	
1						
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9	1		1	1		
10	1		(1)	1		
11	1		1			
12			1			
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TOTAL	IND.	DEP.				
	1	1				
	1	1				
	1	1				
	1	1				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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98								
99								
100								
TOTAL	IND.	DEP.						
	1	1						
	1	1						
	1	1						
	1	1						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY